



## DATA COLLECTION FORM

Examiner MUST complete the data collection form and return to the STEP 1 envelope found in the kit.  
Do NOT attach any patient identifying information to the Data Collection Form.  
If this kit is a "Non-Report" to law enforcement, fold and tape the form to the outside of the kit.

Hospital Williamson Memorial Hospital  
Date 10-16-2016 County Mingo

WVSP6799

### 1. TIME FRAME

Time patient arrived 09:04 AM Time patient discharged \_\_\_\_\_  
Date of assault 10-16-2016 Time of assault 03:00 AM Time since assault 6 Hr.  
County/State where patient resides Mingo - WVA  
County/State where assault occurred Mingo WVA

### 2. PATIENT DATA

Gender of patient ☒ Female ☐ Male Age of patient 16  
Gender of assailant ☒ Male ☐ Female Age of assailant (if known) \_\_\_\_\_  
Assailant's Relationship to Patient ☐ Relative ☒ Known/Non-relative ☐ Stranger

### 3. MEDICAL FORENSIC EXAMINATION

Exam performed? ☒ Yes ☐ No If no, why? ☐ Patient declined ☐ Examiner deferred  
☐ Patient left ☐ Other Please explain \_\_\_\_\_  
Kit collected? ☒ Yes ☐ No If no, why? \_\_\_\_\_

### 4. LAW ENFORCEMENT

Law enforcement notified? ☒ Yes ☐ No LE responded? ☒ Yes ☐ No  
Kit released to law enforcement? ☐ Yes ☐ No Date released \_\_\_\_\_  
If no, is this a non-report? ☐ Yes ☐ No (Kits that are non-reports are shipped to Marshall University Forensic Science Center (MUFSC).

### 5. ADVOCACY

Advocate notified? ☐ Yes ☐ No Advocate responded? ☐ Yes ☐ No  
Advocate services accepted by patient ☐ Yes ☐ No  
If no, why? \_\_\_\_\_  
CPS/APS notified? ☒ Yes ☐ No CPS/APS responded? ☒ Yes ☐ No

### 6. ASSAULT INFORMATION

Type of assault: Attempted sexual assault? ☒ Yes ☐ No  
If no, what prevented the sexual assault? pt's friend opened Bedroom door & came in Room  
Oral penetration? ☐ Yes ☒ No  
Vaginal penetration? ☐ Penile ☐ Digital ☐ Other \_\_\_\_\_  
Anal penetration? ☐ Penile ☐ Digital ☐ Other \_\_\_\_\_  
Condom used? ☐ Yes ☐ No ☐ Unsure  
Weapons used? ☐ Yes ☒ No If Yes, ☐ Gun ☐ Knife ☐ Blunt Object  
Any coercion used? ☐ Yes ☒ No If Yes, ☐ Verbal Threats ☐ Grabbing ☐ Pinching ☐ Strangulation  
☐ Physical Blows ☐ Burns  
☐ Other: \_\_\_\_\_  
Physical Injuries? ☐ Yes ☒ No Medical treatment received for injuries? ☐ Yes ☐ No

### 7. STIs/EMERGENCY CONTRACEPTION (EC)

Prophylactic treatment offered? ☐ Yes ☐ No If no, why? \_\_\_\_\_  
Patient accepted prophylactic treatment ☐ Yes ☐ No  
What kind of EC offered? ☐ Oral ☐ Plan B Other \_\_\_\_\_  
Was EC Administered on site? ☐ Yes ☐ No If no: Prescription only? ☐ Yes ☐ No  
Tested for STIs? ☐ Yes ☐ No  
Treated for STIs? ☐ Yes ☐ No

### 8. DRUG FACILITATED SEXUAL ASSAULT

Suspected drug facilitated sexual assault (DFSA)? ☒ Yes ☐ No  
If yes, what drug is suspected? UNKNOWN  
Loss of memory? ☐ Yes ☒ No ☐ Unsure Lapse of consciousness? ☒ Yes ☒ No ☐ Unsure  
If yes, describe \_\_\_\_\_

Examiner is a: ☒ Physician ☐ Sane ☐ Physician Assistant ☐ Advanced Practice Nurse ☐ Other \_\_\_\_\_  
If a SANE: ☐ Adult/Adolescent Trained ☐ Pediatric Trained # of years of experience as a SANE \_\_\_\_\_

RETURN COMPLETED DATA FORM TO KIT.

Revised 6/15  
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